

STATE OF MARYLAND
Governor's Office for Children on Behalf of the Children's Cabinet

SCYFIS USER ACCOUNT DEACTIVATION

This form must be submitted within 24 hours should a user no longer require access to the system.

SECTION A: DEACTIVATION REQUESTED BY

Last Name: _____ First Name: _____
 Agency Name: _____ Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Jurisdiction: _____
 Phone: _____ Ext. _____ Email: _____

SECTION B: DEACTIVATE THE FOLLOWING SCYFIS USER(S)

NAME	TITLE	EMAIL ADDRESS	PHONE #	Reason Code

Deactivation Reason Codes:

- A** Position Reassignment/Promotion (Don't Need SCYFIS Access)
- B** Voluntary/Involuntary Separation
- C** Deceased
- D** Other (Please Explain)

SECTION C: LCC / SCC / GOC USE ONLY

I authorize the above user(s) access to be deactivated as identified in Section B above.

Check one: ☐ LCC ☐ SCC ☐ GOC

Print Name: _____ Signature: _____

Email Address: _____ Authorized Date: _____

FOR GOC INTERNAL USE ONLY

Deactivated Username(s): _____ Admin: _____ Completed Date: _____

Mail to: Governor's Office for Children, Information Technology, 301 W. Preston Street, Room 1512
 Baltimore, MD 21201

Fax to: (410) 333-5248